

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90062 046 ***150.00

DOCUMENT # P98000066528 1. Entity Name AMBASSADOR HOTEL SERVICES CORPORATION					
Principal Place of Business 2730 S. OCEAN BLVD PALM BEACH, FL 33480			Mailing Address 2730 S. OCEAN BLVD PALM BEACH, FL 33480		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WHITEHEAD, WILLIAM K 2730 S. OCEAN BLVD PALM BEACH, FL 33480				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WERSHAW, FREDERICK 111 BLACK ROCK ROAD STAMFORD, CT 06903	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARASCH, PHYLLIS P 920 PARK AVE NEW YORK, NY 10028	<input type="checkbox"/> Delete	D BARASCH, PHYLLIS P. 2730 SOUTH OCEAN BLVD PALM BEACH, FL 33480	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FINKEL, EILEEN 200 E 66TH ST C-1502 NEW YORK, NY 10021	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHORNA, JULES 2730 SOUTH OCEAN BOULEVARD PALM BEACH, FL 33480	<input type="checkbox"/> Delete	D CHORNA, JULES 2730 SOUTH OCEAN BLVD. PALM BEACH, FL 33480	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEVINSON, KATHLEEN 2730 SOUTH OCEAN BLVD. PALM BEACH, FL 33480	<input type="checkbox"/> Delete	P LEVINSON, KATHLEEN 2730 SOUTH OCEAN BLVD PALM BEACH, FL 33480	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANKEL, PEGGY 2730 SOUTH OCEAN BOULEVARD PALM BEACH, FL 33480	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Kathleen Levinson</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			KATHLEEN LEVINSON President 3/17/08 561-582-2511 Date Daytime Phone #		